

\_\_\_\_\_  
(Patient Name)

**Your pharmacist has received a message from Medicaid  
that it will not pay for your prescription for**

\_\_\_\_\_  
(Drug Name)

*The reason given for not paying for this prescription is that:*

- \_\_\_\_\_ Your prescription is written for more than the allowed amount.
- \_\_\_\_\_ Filling this prescription will put you over Medicaid's limit of paying for 4 brand name drugs in a month.
- \_\_\_\_\_ Medicaid does not pay for this drug.
- \_\_\_\_\_ Medicaid records show that you already have a prescription for a similar drug.
- \_\_\_\_\_ It is too early to refill this prescription.
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Medicaid must give special permission to use this drug. Medicaid did not give permission to fill your prescription because:
  - \_\_\_\_\_ You have not tried other prescribed generic, over-the-counter or preferred brand drugs.
  - \_\_\_\_\_ There is no record of you being on this drug for a required amount of time.
  - \_\_\_\_\_ This drug is not approved for your disease or condition.
  - \_\_\_\_\_ Your record does not show the use of other pain medicines or pain relieving therapies.
  - \_\_\_\_\_ Your doctor's license is not on file with Medicaid.
  - \_\_\_\_\_ Other \_\_\_\_\_



**What you can do:**



If your prescription was not approved, talk to your doctor or pharmacist to find out:

- \_\_\_\_\_ If an Override is needed from Medicaid.
- \_\_\_\_\_ If Prior Authorization (PA) is needed from Medicaid.
- \_\_\_\_\_ If Medicaid has all the facts it needs to approve this drug for you.
- \_\_\_\_\_ If your doctor can prescribe another drug that will work for you.
- \_\_\_\_\_ Other \_\_\_\_\_

*If you have taken all the steps listed above and the problem still is not fixed  
you may send an e-mail to [almedicaid@medicaid.state.al.us](mailto:almedicaid@medicaid.state.al.us)  
or call Medicaid at 1-800-362-1504. This is a free call.*

# What You Need to Know...



**If Alabama Medicaid  
will not pay for  
your prescription**